



State of California
Department of Alcohol and Drug Programs (ADP)

NON-AUTOMATED
Claiming Procedures
for the
Drug/Medi-Cal (D/MC) Billing System
Eligibility Worksheet
ADP 1584

July, 1997

Instructions for Completing
Drug/Medi-Cal Eligibility Worksheet
Form ADP 1584

GENERAL INFORMATION

Be sure to use **LEGIBLE HANDWRITING**. This will help lessen key data entry errors.
If an error is made within the data on a line, cross off the entire line and re-enter the

correct data on a new line.

When completing the "Drug/Medi-Cal Eligibility Worksheet, Form ADP 1584, **arrows may be used to cover more than one line for the same client ONLY if two or more lines of arrows are needed and ONLY if the Service Function Code does not change.**

Arrows may be used in only the following columns: Client Name, Client Record No., Welfare Identification or SSN number, Year of Birth, Sex, Race/Ethnicity, DSM III or IV Diagnostic Code, Mo/Yr of Service, and Service Function Code.

If Minor Consent or EPSDT services are provided, it is requested of the provider to submit D/MC Eligibility Worksheets separately for each area of service and separate ADP 1592 forms to match the D/MC Eligibility Worksheets.

A sample "Drug/Medi-Cal Eligibility Worksheet", ADP 1594 is enclosed to use as a guide for completing the form(s).

FOR EACH WORKSHEET PAGE, ENTER THE FOLLOWING INFORMATION:

1. ***Provider Name.*** Enter the provider name.
2. ***Provider Code.*** Enter the four-digit provider number assigned by the Department of Alcohol and Drug Programs (ADP).
3. ***Claim For (Mo/Yr).*** Enter the month and year for which this worksheet is being submitted to ADP for processing. It should be a four-digit numerical code. For example, May 1993 is entered as 0593 and October 1997 is entered as 1097.
4. ***Program Code.*** Enter one of the following two-digit codes to indicate the type of service provided:

20 = Non-Perinatal Services 25 = Perinatal Services
5. ***Mode of Service.*** Enter one of the following two-digit codes to indicate Mode of Service provided:

12 = Outpatient Hospital Services 17 = Clinic Services
6. ***Page Number.*** Enter the page number(s) based on the number of pages being submitted.

FOR EACH LINE ON THE WORKSHEET, ENTER THE FOLLOWING INFORMATION:

7. ***Client Name.*** First enter the LAST NAME of the eligible D/MC client, then enter ONLY the first initial of the first name. For example, Tom Jones is entered as "Jones, T".

8. ***Client Record Number.*** Enter the client's record number (client chart number at program). A maximum of 9 digits may be used.

9. ***Welfare Identification or SSN.*** Enter the Welfare identification number in complete form as shown on the Medi-Cal card. For Title XIX beneficiaries with Welfare Identification Numbers listed as (99--60--1234567890), the number is to be in the following format:

99 = County Code (first 2 digits)

60 = Aid Code (next 2 digits)

1234567 = Case Number (next 7 digits)

8 = FBU (next 1 digit)

90 = Pers No. (next 2 digits)

OR; enter the client's Social Security Number (SSN) using only the first nine spaces while leaving the last 5 spaces blank.

10. ***Year of Birth.*** Enter the client's year of birth as a three-digit code. For example, the year of birth of 1949 is entered as 949.

11. ***Sex.*** Enter the appropriate letter code to denote the client's gender:

M = Male **F** = Female **U** = Unknown

12. ***Race/Ethnicity Codes.*** Enter the appropriate numeric code to denote the client's race/ethnicity:

1 - White **5** - American Indian or Alaskan Native

2 - Hispanic **7** - Filipino

3 - Black/African-American **8** - Other

4 - Asian/Pacific

13. **Diagnostic Codes.** Enter one of the following 5-digit DSM III or DSM IV diagnostic codes as identified on the next page:

Diagnostic Code	DSM III Descriptions	DSM IV Descriptions
30300	Acute Alcoholic Intoxication	Alcohol Intoxication
30390	Other and Unspecified Alcohol Dependence	Alcohol Dependence
30400	Opioid Type Dependence	Opioid Dependence
30410	Barbiturate and Similary Acting Sedative or Hypnotic Dependence	Sedative, Hypnotic, or Anxiolytic Dependence
30420	Cocaine Dependence	Cocaine Dependence
30430	Cannabis Dependence	Cannabis Dependence
30440	Amphetamine and Other Psychostimulant Dependence	Amphetamine Dependence
30450	Hallucinogen Dependence	Hallucinogen Dependence
30460	Other Specified Drug Dependence	Inhalant Dependence
30470	Combinations of Opioid Type Drug with Any Other	N/A
30480	Combinations of Drug Dependence Excluding Opioid Type Drug	Polysubstance Dependence
30490	Unspecified Drug Dependence	Phencyclidine Dependence, Other (or Unknown) Substance Dependence
30500	Alcohol Abuse	Alcohol Abuse
30510	Tobacco Use Disorder	Nicotine Dependence
30520	Cannabis Abuse	Cannabis Abuse
30530	Hallucinogen Abuse	Hallucinogen Abuse
30540	Barbiturate and Similary Acting Sedative or Hypnotic Abuse	Sedative, Hypnotic, or Anxiolytic Abuse
30550	Opioid Abuse	Opioid Abuse
30560	Cocaine Abuse	Cocaine Abuse
30570	Amphetamine or Related Sympathomimetic Abuse	Amphetamine Abuse
30580	Antidepressant Type Abuse	N/A
30590	Other, Mixed, or Unspecified Drug Abuse	Caffeine Intoxication, Inhalant Abuse, Phencyclidine Abuse, or Other (or Unknown) Substance Abuse

14. **Mo/Yr of Service.** Enter as a four-digit code, the month and year that service(s) were provided. For example, the service month of January 1993 is entered as 0193.

15. **Treatment Dates.** Complete the first and last treatment dates for all clients.

- Clients receiving **Outpatient Drug Free (ODF), Day Care Habilitative (DCH), Naltrexone (NAL), or Perinatal Residential (RES)** services, use the following format:

First Day = Enter the "date" for the two-digit number for the first day the client received treatment from this provider. For example, the first day of treatment was on the 8th day of the month; therefore, "08" would be entered.

Last Day = Enter the "date" two-digit number using the SAME day as entered in the "first day" field.

NOTE: A newline must be used for each day of service.

- Clients receiving **Narcotic Treatment Program (NTP)** services, use the following format:

Enter the "date" for the two-digit number in the "First" field and the "date" for the two-digit number in the "Last" field. Multiple (consecutive) days of the same services with no break in Service Function Code (SFC) MUST be claimed on one line (i.e., April 2, 1993 through April 7, 1993 = must be claimed as 0207). If there is a break in service, whether the client is absent or there is a change in the SFC, a NEW line MUST be used with the same date format. **A NEW LINE MUST BE USED FOR EACH TYPE OF COUNSELING PROVIDED (either individual or group), regardless of whether Core, Lab Work or Dosing services were provided.**

NTP Methadone Dosing Example: The client received methadone dosing from the 1st day through the 5th day of the month. The client did not receive any type of service from the 6th day through the 8th day. The client returned on the 9th day and attended the clinic or received take-homes every day for the rest of the month. The client also received an individual counseling session on the 4th day and a group counseling session on the 18th day of the month. Based on this scenario, the claiming lines would be completed as follows:

1st Line: 0105 - Trmt. Dates 20, 21 or 22 - SFC (NTP - Methadone)

2nd Line: 0930 - Trmt. Dates 20, 21 or 22 - SFC (NTP - Methadone)

3rd Line: 0404 - Trmt. Dates 26 or 27 - SFC (NTP - Individ. Counseling)

4th Line: 1818 - Trmt. Dates 28 or 29 - SFC (NTP - Group Counseling)

NTP LAAM Dosing Example: The client received a LAAM dose on the 1st day which lasted through the 3rd day and returned on 4th day in which the dose lasted through the 6th day. The client missed treatment from the 7th day through the 12th day of the month. The client returned on the 13th day and remained on LAAM dosing for the remainder of the month. The client also received individual counseling sessions on the 5th (30 minutes) and the 13th (20 minutes), and a 40-minute group counseling session on the

23rd day of the month. Based on this scenario, the claiming lines would be completed as follows:

1st Line: 0106 - Trmt. Dates 23, 24 or 25 - SFC (NTP - LAAM)

2nd Line: 1330 - Trmt. Dates 23, 24 or 25 - SFC (NTP - LAAM)

3rd Line: 0505 - Trmt. Dates 26 or 27 - SFC (NTP - Indiv. Counseling)

4th Line: 1313 - Trmt. Dates 26 or 27 - SFC (NTP - Indiv. Counseling)

5th Line 2323 - Trmt. Dates 28 or 29 - SFC (NTP - Group Counseling)

Combined LAAM and Methadone Dosing Example: The physician has determined the client to be acceptable for LAAM dosing in which each LAAM dose should last three days. The client receives a LAAM dose on the 1st which is to last through the 3rd day, BUT it does not. It only lasts two days so the client needs a methadone dose on the 3rd day of the month and then on the 4th day the client receives another LAAM dose. Again, the LAAM dose lasts 2 days (4th and 5th) and then needs a methadone dose on the 6th day. Then the client receives LAAM dosing for the rest of the month that last three days each. In addition to the dosing, the client received an individual counseling session on the 4th day and a group counseling session on the 18th day of the month. Based on this scenario, the claiming lines would be completed as follows:

1st Line: 0102 - Trmt. Dates 23, 24 or 25 - SFC (NTP - LAAM)

2nd Line: 0303 - Trmt. Dates 20, 21 or 22 - SFC (NTP - Methadone)

3rd Line: 0405 - Trmt. Dates 23, 24 or 25 - SFC (NTP - LAAM)

4th Line: 0606 - Trmt. Dates 20, 21 or 22 - SFC (NTP - Methadone)

5th Line: 0730 - Trmt. Dates 23, 24 or 25 - SFC (NTP - LAAM)

6th Line: 0404 - Trmt. Dates 26 or 27 - SFC (NTP - Individ. Counseling)

7th Line: 1818 - Trmt. Dates 28 or 29 - SFC (NTP - Group Counseling)

NOTE: ONLY ONE MEDICATION, METHADONE OR LAAM, CAN BE DISPENSED ON ANY GIVEN DAY.

16. **Discharged.** Enter a 1 if the client was discharged during this month, otherwise leave it blank.

17. **Service Function Code (SFC) AND Units of Service (UOS).** Enter the appropriate SFC as it applies to the type of service provided and the appropriate number of UOS provided. The Service Function Codes, Units of Service descriptions, and the Fiscal Year (FY) 1997/98 UOS Rates are as follows:

Program Code: 20 (Non-Perinatal Services)				
Description	Service Function Code (SFC)	Unit of Service (UOS)	FY 1997/98 UOS Daily Rates (*)	Fixed or Maximum Allowance Rate
NARCOTIC TREATMENT PROGRAM (NTP) D/MC MODALITY				
NTP - Methadone	20, 21, and 22	Daily	\$5.66 (**)	Fixed Rate
NTP - Levoalphacethlmethadol (LAAM)	23, 24, and 25	Daily	\$5.66 (**)	Fixed Rate
NTP - Individual Counseling	26 and 27	One 10-minute increment (***)	\$10.53	Fixed Rate
NTP - Group Counseling	28 and 29	One 10-minute increment (***)	\$3.61	Fixed Rate
OTHER D/MC MODALITIES				
Day Care Habilitative (DCH)	30 through 39	Face-to-Face Visit	\$65.95	Maximum Allowance Rate
Perinatal Residential (RES)	Not Applicable			
Naltrexone (NAL)	50 through 59	Face-to-Face Visit	\$21.20	Maximum Allowance Rate
Outpatient Drug Free (ODF) - Individual Counseling	80 through 84	Face-to-Face Visit (Per Person)	\$52.67	Maximum Allowance Rate
ODF - Group Counseling	85 through 89	Face-to-Face Visit (Per Person)	\$32.50	Maximum Allowance Rate
Program Code: 25 (Perinatal Services)				
Description	Service Function Code (SFC)	Unit of Service (UOS)	FY 1997/98 UOS Daily Rates (*)	Fixed or Maximum Allowance Rate
NARCOTIC TREATMENT PROGRAM (NTP) D/MC MODALITY				
NTP - Methadone	20, 21, and 22	Daily	\$6.57 (**)	Fixed Rate
NTP - Levoalphacethlmethadol (LAAM)	23, 24, and 25	Daily	\$6.57 (**)	Fixed Rate
NTP - Individual Counseling	26 and 27	One 10-minute increment (***)	\$14.82	Fixed Rate
NTP - Group Counseling	28 and 29	One 10-minute increment (***)	\$5.08	Fixed Rate

OTHER D/MC MODALITIES				
Day Care Habilitative (DCH)	30 through 39	Face-to-Face Visit	\$80.83	Maximum Allowance Rate
Perinatal Residential (RES)	40 through 49	Daily	\$70.87	Maximum Allowance Rate
Naltrexone (NAL)	Not Applicable			
Outpatient Drug Free (ODF) - Individual Counseling	80 through 84	Face-to-Face Visit (Per Person)	\$74.11	Maximum Allowance Rate
ODF - Group Counseling	85 through 89	Face-to-Face Visit (Per Person)	\$45.73	Maximum Allowance Rate

(*) These FY 1997/98 rates are in emergency regulations, effective July 1, 1997.

() The combined daily rates for core, lab work and dosing include \$.54 for non-perinatal services and \$.62 for perinatal services for the county or ADP when ADP assumes the role of the county. Provider claims shall be adjusted to reimburse the county or ADP for administrative costs.**

(*) Sample: If a 30-minute individual counseling session was held, it would be considered three (3) UOS on one line. If a 60-minute group counseling session was held with five D/MC beneficiaries, each of the five D/MC beneficiaries would claim six (6) UOS. The UOS would then be multiplied by the appropriate rate to determine Dollars Claimed.**

NOTE: For Narcotic Treatment Program (NTP) providers, a "unit of service" means a calendar month of treatment services. However, for billing purposes, a unit of service is either reflected as a day of service or a 10-minute increment of counseling.

NOTE: ADP shall reimburse NTP providers up to 200 minutes (20 10-minute increments) of individual and/or group counseling per calendar month, per beneficiary.